

**BAY AREA/SACRAMENTO REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2007 TO DECEMBER 31, 2007**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --

**PLAN
CODE**

PLAN NAME

1 Party

2 Party

3 Party

301

Blue Shield HMO

\$493.89

\$987.79

\$1,284.13

305

Kaiser

\$439.79

\$879.59

\$1,143.46

320

PERS Choice

\$464.28

\$928.57

\$1,207.14

325

PERSCare

\$784.89

\$1,569.78

\$2,040.71

207

PORAC

\$447.78

\$838.44

\$1,065.90

282

Western Health Advantage

\$403.77

\$807.53

\$1,049.79

Updated 08/06

LOS ANGELES AREA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2007 TO DECEMBER 31, 2007

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --

PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
302	Blue Shield HMO	\$363.29	\$726.59	\$944.56
306	Kaiser	\$335.72	\$671.45	\$872.88
321	PERS Choice	\$432.10	\$864.21	\$1,123.47
326	PERSCare	\$730.49	\$1,460.99	\$1,899.28
207	PORAC	\$447.78	\$838.44	\$1,065.90

Updated 08/06

**OTHER SOUTHERN CALIFORNIA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2007 TO DECEMBER 31, 2007**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --

PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
304	Blue Shield HMO	\$415.16	\$830.32	\$1,079.42
308	Kaiser	\$367.81	\$735.62	\$956.31
323	PERS Choice	\$441.29	\$882.59	\$1,147.36
328	PERSCare	\$746.03	\$1,492.06	\$1,939.67
207	PORAC	\$447.78	\$838.44	\$1,065.90

Updated 08/06

OTHER NORTHERN CALIFORNIA REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2007 TO DECEMBER 31, 2007

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --

PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
303	Blue Shield HMO	\$501.33	\$1,002.66	\$1,303.46
307	Kaiser	\$449.59	\$899.17	\$1,168.92
322	PERS Choice	\$482.66	\$965.33	\$1,254.93
327	PERSCare	\$815.97	\$1,631.94	\$2,121.52
207	PORAC	\$447.78	\$838.44	\$1,065.90
282	Western Health Advantage	\$403.77	\$807.53	\$1,049.79

Updated 08/06

**OUT OF STATE REGION
"COBRA"
GROUP CONTINUATION COVERAGE
RATES FOR JANUARY 1, 2007 TO DECEMBER 31, 2007**

Rates are calculated at 102%; however not all carriers will require 102%

-- BASIC --

PLAN CODE	PLAN NAME	1 Party	2 Party	3 Party
**	Kaiser Out-of-State	\$589.38	\$1,178.75	\$1,532.38
324	PERS Choice	\$505.65	\$1,011.31	\$1,314.70
329	PERSCare	\$854.83	\$1,709.66	\$2,222.56
207	PORAC	\$447.78	\$838.44	\$1,065.90
**	These premiums cover all Kaiser out-of-state areas.			

Updated 08/06